

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/903,876

FILING DATE

7-11-01

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
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11		1				
12		1				
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TOTAL IND.	5	0	2	0		0
TOTAL DEP.	10	0	7	0		0
TOTAL CLAIMS	15	0	9	0		0

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS